R-8453 (1/17)

Louisiana
2016 Individual Income Tax Declaration for Electronic Filing

LOUI	SIANA	IRS DCN ▶			
DEPARTMEN	IT of REVENUE				
Your first name and in	iitial	Last name	Your Social Security 1 Number		
Spouse's first name a	nd initial	Last name	Spouse's Social Security Number		
Present home address	s (number and street including apartment number or	rural route)	Daytime Telephone Number		 2016
City, town, or post offi	се		State	ZIP	
Part A		Tax Return Inf	ormation		
Balance Due	,,	. 00	Refund due		, . 00
Part B	Direct Deposit of	Refund (Optional)	or Direct Debit	(Optional) 🗌	
	The first 2 digits of the routing 01 through 12 or 21 through 32.		D:	west Dabit Dawnsont	
number must be v	or through 12 of 21 through 32.		, in	rect Debit Payment	00
			L		👊
Account Numbe	<u>'</u>		Wi	thdrawal Date	
шш			L	MM DD	YY
Type of Account: (Check one.)	☐ Checking ☐ Savings		Fu	ıll Payment 🗌 Parti	al Payment ☐ e made by credit card.
PART C		Declaration of 1		,	<u> </u>
	nat my refund be directly deposited	-			
I have filed	a joint return, this is an irrevocable	appointment of the	other spouse as an	agent to receive the r	efund.
	ant direct deposit of my refund, am refund direct deposited I will receive			ot receiving a refund.	I understand that by not
(direct deb authorize t	the Louisiana Department of Rever it) entry to the financial institution a he financial institutions involved in p wer inquiries and resolve issues re	account indicated in processing the elect	Part B for payment ronic payment of ta	of my State taxes ow	ed on this return. I also
	nd that if I have filed a balance due f my tax liability, I will remain liable				receive full and timely
	at I have examined my state incom my knowledge and belief, it is true		d for electronic trans	smission to the State of	of Louisiana and, to
Please sigr	n hereYour signature			gnature (if joint return)	Date
Part D	Declaration and Signature		· · · · · · · · · · · · · · · · · · ·	,	
I declare that I h	nave reviewed the above taxpayer's wledge, based on the information s the Louisiana Department of Reve	return and that the e ubmitted/furnished b	entries on the return y the taxpayer. I als	are complete and cor so declare that I have	rectly represented to the
Please sign here.					
Mark box if also ERO.	Preparer's signature	Social Security Number	er or ID Number	Date	Telephone
_	ectronic Return Originator's signature	Social Security Number	er or ID Number	Date	Telephone